

PATENT

Attorney's Docket No P-3001.2/ITEC

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that.

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

☐ national stage of PCT

NOTE: If one of the follow 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING. If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

APPARATUS AND METHOD OF MAKING CARBON FIBERS

SPECIFICATION IDENTIFICATION

the specification of which (complete (a), (b) or (c))

(a) ☒ is attached hereto.
 (b) ☐ was filed on _____ as Serial No. _____/_____ or
 Express Mail No., _____ as Serial No. not yet known _____ and was
 amended on _____ (if applicable).

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

Ronald L. Panier
 (Given Name) (Middle Initial or Name) Family (or Last) Name

Inventor's signature Ronald L. Panier

Date 2-7-2001 Country of Citizenship U.S.A.

Residence Flushing, Michigan 48433

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Full name of second joint inventor, if any

Thomas A. Herold
 (Given Name) (Middle Initial or Name) Family (or Last) Name

Inventor's signature Thomas A. Herold

Date 2-8-2001 Country of Citizenship U.S.A.

Residence Flushing, Michigan 48433

Post Office Address 5417 North Seymour Road

Flushing, Michigan 48433

Full name of third joint inventor, if any

(Given Name) (Middle Initial or Name) Family (or Last) Name

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED
PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

☐ Signature for fifth and subsequent joint inventors.
Number of pages added _____

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor
Number of pages added _____

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.
Number of pages added _____

* * *

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-
part (CIP) application
Number of pages added _____

* * *

☐ Authorization of attorney(s) to accept and follow instructions from representative.

* * *

**If no further pages form a part of this Declaration then end this Declaration with this page
and check the following item**

☒ **This declaration ends with this page.**